

WORKERS' COMPENSATION POLICY REPORTING REQUIREMENTS FOR THE STATE OF IDAHO

Effective September 1, 1997, the Idaho Industrial Commission designated the National Council on Compensation Insurance (NCCI) as its agent to receive, process, and forward proof of coverage information from insurance companies licensed to write workers' compensation insurance in the State of Idaho.

Industrial Commission rules require that new policies, renewal policies, reinstatements, and endorsement information must be reported to NCCI within 30 days of the effective date. Cancellations and non-renewals must be reported to NCCI (*and the insured*) within the time frames required by Idaho Code § 72-311. Insurance companies must use forms and formats prescribed by NCCI. *DO NOT SEND COPIES OF THE POLICY OR POLICY FORMS TO THE INDUSTRIAL COMMISSION.*

All policy information is being reported by NCCI to the Industrial Commission in an electronic format. For information concerning the data reporting requirements for Idaho, contact NCCI's Customer Service Center at 1-800-622-4123. Insurance companies should make special note of the requirement for linking insured names and their corresponding locations as well as the mandatory data element requirements. *PLEASE NOTE THAT NCCI WILL REJECT POLICY INFORMATION THAT IS SUBMITTED INCORRECTLY OR WITHOUT MANDATORY DATA ELEMENTS.*

Insurance companies must still report election information directly to the Industrial Commission on the IC52 Election of Coverage form. An election of coverage form is required to be filed with the Commission when coverage is elected for any of the exempt employments listed in Idaho Code § 72-212.

Questions regarding the Idaho policy reporting requirements should be directed to Christi Simon, Employer Compliance Manager, Idaho Industrial Commission, P.O. Box 83720, Boise, ID 83720-0041. Ms. Simon can be reached by telephone at (208) 334-6099 or by e-mail at csimon@iic.state.id.us.

Data Element Requirements

Insured Record

Data Element	Comment
INSURER FEIN	Mandatory
INSURER NAME	Optional
ISSUING OFFICE NAME	Optional
ISSUING OFFICE ADDR 1	Mandatory
ISSUING OFFICE ADDR 2	Conditional
ISSUING OFFICE CITY	Mandatory
ISSUING OFFICE STATE	Mandatory
ISSUING OFFICE ZIP CODE	Mandatory
ISSUING AGENCY NAME	Optional
ISSUING AGENCY CITY	Optional
ISSUING AGENCY STATE	Optional
INSURED FEIN	Mandatory
INSURED NAME	Mandatory
INSURED ADDR 1	Mandatory
INSURED ADDR 2	Optional
INSURED CITY	Mandatory
INSURED STATE	Mandatory
INSURED ZIP CODE	Mandatory
INSURED TELEPHONE NUMBER	Optional
BUSINESS MARKET	Mandatory
WRAP UP INDICATOR	Mandatory
INSURED LEGAL STATUS	Mandatory

POLICY NUMBER	Mandatory
POLICY EFFECTIVE DATE	Mandatory
POLICY EXPIRATION DATE	Mandatory
PRIOR POLICY NUMBER	Conditional
ASSIGNMENT DATE	Optional
JURISDICTION	Optional
GOVERNING CLASS	Mandatory
TOTAL PAYROLL	Optional
NUMBER OF EMPLOYERS	Mandatory

Data Element Requirements

Employer Record

Data Element	Comment
EMPLOYER FEIN	Mandatory
EMPLOYER UI CODE	Optional
EMPLOYER NAME	Mandatory
EMPLOYER ADDR 1	Mandatory
EMPLOYER ADDR 2	Conditional
EMPLOYER CITY	Mandatory
EMPLOYER STATE	Mandatory
EMPLOYER ZIP CODE	Mandatory
SIC CODE	Optional
NUMBER OF EMPLOYEES	Optional
EMPLOYER NOTIFICATION DATE	Optional